How Reimbursement Works

When you receive medical care, your doctor or hospital will usually file a claim with Medicare

since by law Medicare must pay your bills first. When Medicare receives your claims, they will determine if the services you received are a benefit and, if so, pay your doctor and/or hospital. Medicare will then automatically send your claim to TRICARE for payment of the



remaining amount. The TRICARE payment will automatically be sent to your doctor or hospital. You will receive an Explanation of Benefits from TRICARE indicating the amount they paid with a tear-off notice/appeal.

Receiving Care Overseas

If you and/or your family members are receiving health care overseas and are enrolled in Medicare Part B, you can take advantage of TRICARE For Life. Because Medicare typically does not provide benefits for medical care received overseas, TRICARE becomes your primary source of health benefits. TRICARE For Life will provide the same level of coverage afforded retirees under the age of 65 and you will be responsible for the same TRICARE cost shares and deductibles as under-65 retirees.

Frequently Asked Questions

- ★ When can I begin using this program? October 1, 2001, as long as you and other eligible family members are enrolled in Medicare Part B and registered in DEERS.
- ★ Is there an annual fee? There is no fee for TRICARE For Life.

More Frequently Asked Questions on back

★ Is TRICARE For Life a permanent program, or must Congress renew it each year? TRICARE For Life is a permanent program.

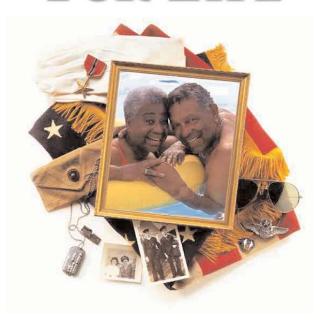
- ★ I'm thinking about dropping my other health insurance (Medigap or other private insurance), what should I be aware of? This is a personal decision. We suggest you carefully evaluate your health insurance needs to determine if you should continue purchasing coverage. If you have other health insurance and you drop it, keep in mind that you may not be able to get this coverage back if you change your mind. The other consideration is that according to some state laws you may not get back your annual premium.
- ★ When should I drop my other health insurance coverage? If you choose to drop your coverage, the best time to do so is after you are entitled to TRICARE For Life.
- ★ How do I drop my other health insurance? You will need to contact your other health insurance program for details on disenrollment. Remember to allow yourself enough time to disenroll so it coincides with the date you become eligible for TRICARE For Life.
- ★ If I keep my other health insurance, what happens? TRICARE becomes the third payer.
- ★ Should I wait until October 2001, when TRICARE For Life begins to check my DEERS status? No. Update your DEERS information as soon as possible to ensure a smooth transition to TRICARE For Life for you and your eligible family members.

FOR MORE INFORMATION

TRICARE For Life: www.tricare.osd.mil 1-888-DOD-LIFE (1-888-363-5433)

DEPARTMENT OF DEFENSE

TRICARE FOR LIFE



"KEEPING THE PROMISE TO THOSE WHO SERVED"



Introducing . . . TRICARE FOR LIFE

The most sweeping improvements to the Department of Defense's healthcare system in nearly 30 years begin October 1, 2001. You will

gain access to expanded medical coverage known as TRICARE For Life, as long as you are a uniformed services beneficiary who is Medicare-eligible, and has purchased Medicare Part B.



- ★ TRICARE For Life acts as a secondary payer to Medicare
- ★ Claims filed automatically
- ★ No monthly premium (except Medicare Part B)

Eligibility

TRICARE For Life is provided to:

- ★ Medicare-eligible military retirees, including retired guard members and reservists
- ★ Medicare-eligible family members and widows/ widowers (dependent parents and parents-inlaw are excluded)
- ★ Certain former spouses if they were eligible for TRICARE before age 65

Cost

There is no fee for TRICARE For Life. All you need to do is pay your monthly fee for Medicare Part B. Your monthly fee for Medicare Part B is automatically deducted from your Social Security check once you are enrolled.

Benefits

TRICARE For Life is comprehensive healthcare coverage for you and your eligible family members.

Services in Military Facilities – You may continue to obtain medical services at military hospitals and clinics. Under a program known as TRICARE Plus, some beneficiaries may be allowed to enroll for primary care at military facilities, based on local availability. Check with your local military treatment facility for details.

Services Payable by TRICARE and Medicare – In most cases, Medicare will pay first and the remaining out-of-pocket expenses will be paid by TRICARE.

Services Payable by TRICARE but Not Medicare, such as overseas care — TRICARE will pay and the patient will be responsible for an annual deductible and cost share.

Services Payable by Medicare but Not TRICARE, such as chiropractic services — Medicare pays as usual with TRICARE paying nothing. You must pay Medicare copays.

Services Not Payable by Medicare or TRICARE, such as most cosmetic surgery — You are responsible for the cost of non-covered services.

Registering in DEERS

To take advantage of this benefit, you and your eligible family members must enroll in Medicare Part B and have up-to-date information in the Defense Enrollment Eligibility Reporting System (DEERS). As a retiree, you are registered in DEERS through the Defense Finance and Accounting Service (DFAS), so any information updates are made through DFAS. Your family members with valid military ID cards are registered in DEERS, so, updates must be made through DEERS. Contact DEERS at 1-800-538-9552.

Medicare-eligible family members and widows/widowers 65 years of age and over who do not possess a valid military ID card will need to register in DEERS. To obtain a military ID card, contact your local military personnel office.

Enrolling in Medicare Part B

DEERS automatically notifies eligible beneficiaries within 90 days prior to their attaining the age of 65 that their medical benefits are about to be changed. They will ask you to contact the nearest Social Security Office regarding enrollment in Medicare. When you receive your initial information from Medicare, you will receive a Medicare Card indicating both Medicare Part A and Part B coverage.

If you only have Medicare Part A, you can enroll in Medicare Part B during the annual General

Open Enrollment
Period, which runs
from January 1st to
March 31st every year.
Medicare Part B
coverage will then
begin on July 1st of the
year in which you
enroll.



For more information on enrolling in Medicare Part B, beneficiaries should visit the Social Security Administration online at www.ssa.gov or call toll free 1-800-772-1213, TTY/TDD: 1-800-325-0778.